

# **Application Information**

Application number::	10/815,007
Filing Date::	03/31/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	•
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	BREAST MILK EXPRESSION SYSTEM AND
	METHOD
Attorney Docket Number::	022010-000310US
Request for Early Publication::	No
Request for Non-Publication::	No .
Suggested Drawing Figure::	
Total Drawing Sheets::	28

Yes

Latin name::

Small Entity?::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

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#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Alan

Middle Name:: E.

Family Name:: Jordan

Name Suffix::

City of Residence:: Bend

State or Province of Residence:: OR

Country of Residence:: US

Street of Mailing Address:: 17014 Cooper Drive

City of Mailing Address:: Bend

State or Province of mailing address:: OR

Country of mailing address:: US

Postal or Zip Code of mailing address:: 97704

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephen

Middle Name:: C.

Family Name:: Beal

Name Suffix::

City of Residence:: San Diego

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4716 Shadwell Place

City of Mailing Address:: San Diego

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 92130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christine

Middle Name:: M.

Family Name:: Kurjan

Name Suffix::

City of Residence:: Mountain View

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1715 Villa Street

City of Mailing Address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Theo

Middle Name::

Family Name:: Mann

Name Suffix::

City of Residence:: Palo Alto

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 100 Forest Avenue

City of Mailing Address:: Palo Alto

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State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bryan

Middle Name:: T.

Family Name:: White

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3454 Dayton Common

City of Mailing Address:: Fremont

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94538

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Gretchen

Middle Name:: K.

Family Name:: Barnes

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1489 Sanchez Street

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City of Mailing Address::

San Francisco

State or Province of mailing address::

Country of mailing address::

US

CA

Postal or Zip Code of mailing address:: 94131

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Jennifer

Middle Name::

E.

Family Name::

**Davis** 

Name Suffix::

City of Residence::

Belmont

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1133 Alameda de las Pulgas, #5

City of Mailing Address::

**Belmont** 

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94002

# **Correspondence Information**

Correspondence Customer Number::

20350

#### Representative Information

Representative Customer Number::

20350

#### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

Continuation of

PCT/US02/31307

09/30/02

### **Foreign Priority Information**

Country::

Application number::

Filing Date::

## **Assignee Information**

Assignee Name::

Puronyx, Inc.

Street of mailing address::

9853 Pacific Heights Blvd., Suite L.

City of mailing address::

San Diego

State or Province of mailing address::

California

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94301